



## Request for Retiree Data Change

State Form # 44504 (R8 / 12-01)

Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Home Page: <http://www.in.gov/trf>

### PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

### INSTRUCTIONS:

- Fill in Recipient Identification (and Surviving Spouse / Dependent Beneficiary information, if applicable)
- Complete Part 1 for change of address
- Complete Part 2 for change of name. If you are changing your name, you must have the form properly notarized.

### MEMBER OR RECIPIENT INFORMATION

Social Security Number	TRF Number	Date	
First Name	MI	Last Name	
Home Phone Number	Sex Male                      Female	Marital Status Married                      Single	

### COMPLETE ONLY IF A SURVIVING SPOUSE OR DEPENDENT BENEFICIARY

Name of deceased member	Social Security number (deceased)	TRF number (deceased)
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### PART 1: ADDRESS CHANGE

OLD ADDRESS (street, city, state, ZIP Code)	NEW ADDRESS (street, city, state, ZIP Code)	
SIGNATURE OF RECIPIENT OR GUARDIAN		DATE SIGNED (month, day, year)

### PART 2: NAME CHANGE AFFIDAVIT

I, the undersigned, hereby affirm there is no fraudulent intent in my decision to change my name from:

\_\_\_\_\_ to \_\_\_\_\_.

It is therefore my wish that from this day forward, my retirement account at the Indiana State Teachers' Retirement Fund be maintained under the name:

\_\_\_\_\_.

Signature of member	Printed name of member	Date signed (month, day, year)
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### NOTARY CERTIFICATE (Complete only if changing name)

STATE OF _____	} SS:	SEAL
COUNTY OF _____		
This voluntary act sworn to before me, a Notary Public, in and for said State and County, this _____ day of _____, _____.		
Signature of Notary Public	Printed or typed name of Notary Public	Date commission expires

### FOR OFFICE USE ONLY

Data Entry Operator	Date entered (month, day, year)	Checked by:	Date signed (month, day, year)
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